

Make a Move and Long Live Love+

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Valorization

Sexual health is an important element of general health and well-being (Douglas & Fenton, 2013). The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality, and adds that “*sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence*” (World Health Organization, 2006). Although Dutch adolescents have lower rates of unplanned pregnancy and STI’s than their European counterparts (Cook & Cameron, 2015; Part et al., 2013), there is still room for improvement and comprehensive sex education is one way of enhancing the sexual health of youth.

Studies and main findings

Program developers, evaluators, teachers, youth care workers, and policy makers all have different ways in which they try to contribute to the sexual health and well-being of Dutch adolescents. As researchers, we evaluated the two Dutch sex education programs Make a Move and Long Live Love+. We performed effect evaluations to establish whether the program objectives were met and the programs brought about the desired change, and process evaluations to investigate to what extent the programs were implemented and how the program users (Make a Move: trainers; Long Live Love+: teachers and students) experienced working with the program. The results of neither two effect evaluations showed effectiveness, and may thus not be straightforward encouragements for decision-makers in youth care institutions (Make a Move) or secondary schools (Long Live Love +) about the use of the two programs. However, the process evaluations gave many additional insights, such as the importance of student’ liking and response and how that affected program implementation. Time constraints were a barrier for the successful implementation of both programs, which emphasises the importance for future program developers to delimit program content. Similarly, the importance of student liking should not be underestimated by program developers and users.

For both programs, the combination of the effect and process evaluation allowed for gaining a good understanding of the program and what it looked like in practice. This is not only useful information for the program developers but also for decision-makers and potential future program implementers. While some of the chapters in this dissertation have been published in academic peer-reviewed journals, it is also important that these findings are accessible to decision-makers and potential implementers. It is unlikely that teachers or youth care workers would search and find the evaluation studies in academic journals. The majority of journals are not Open Access, and searching and filtering relevant information might be time-consuming

and challenging. Findings from program evaluations like these should therefore be accessible for practitioners, also outside of peer-reviewed academic journals.

Finding suitable programs for your target population as a practitioner

To bridge this gap between research and practice and to allow policy makers and program users to find relevant information about intervention programs, the National Youth Institute (Nederlands Jeugdinstituut) has developed a national database of effective youth interventions (Nationale Databank effectieve jeugdinterventies). This database is a collection of health promotion programs for children and adolescents, addressing topics such as alcohol, bullying, diet, smoking, sex, and physical activity. Programs in this database have been acknowledged by the National Youth Institute (Nederlands Jeugdinstituut). The database can be used as a source of reference for those who are looking for a suitable program to use. The programs that are listed in the database are categorised as ‘well supported’ or ‘effective’. Among effective programs a distinction is made between ‘first indications’, ‘good indications’, and ‘strong indications’. LLL+ (listed under the Dutch name Lang Leve de Liefde – Bovenbouw) is listed as ‘well supported’, indicating that the program has a good description of the problem, target population, program objectives, approach and parameters for use, and that it has a solid theoretical and/or empirical base. The database also gives a summary of the evaluation outcomes. The updated original of Long Live Love for adolescents aged 13-14 (Lang Leve de Liefde Onderbouw) is listed as effective, according to ‘good indications’. Make a Move is not listed in the database, but its counterpart Girls’ Talk is. Similarly to LL+, this program is categorized as ‘well-supported’.

Furthermore, Make a Move and Long Live Love + are owned by Rutgers and SOA Aids Nederland, respectively. Both organisations are well-known among professionals. This collaboration between academia and NGO’s helps to bridge the gap between research and practice. Organisations such as Rutgers and Soa Aids have a good reputation and have strong ties with professionals in the field as well as universities, which can strengthen their work including the performance of evaluations.

Recent developments regarding sexuality in youth care settings

Following revelations about sexual abuse in the Catholic Church and other institutes where children ought to be safe, the Commission-Samson was established. The Commission investigated sexual abuse in youth care (1945-2010). Findings revealed that children and adolescents in care reported twice as much sexual abuse as their peers outside of care, with girls, intellectually disabled, and those in residential care at an even higher risk. Following these findings, the Commission-Rouvoet was established. The task of this Commission was to prevent sexual abuse in youth care. The commission has set up a “*Kwaliteitskader voorkomen seksueel misbruik in de jeugdzorg*” (Quality framework prevention of sexual abuse in youth care), which advises on how to prevent sexual abuse in youth care. The document lists several intervention programs that can be used to foster dialogue regarding sexual harassment in a team of colleagues, in group homes, with foster parents, and/or foster children. Make a Move is one of the interventions suggested, addressing the topic with a group of boys in youth care. Moreover, Rutgers has developed a brochure which advises on youth care institutions’ sexuality policy, called “*Seksualiteitsbeleid of struisvogelpolitiek?*” This brochure also refers to Make a Move. It seems that Make a Move serves a need within the youth care community. Given these developments, it is important that Make a Move is extensively evaluated and the findings have been reported back to Rutgers, and have subsequently been used to optimize the program. Ideally, the updated program, which is currently not implemented by trainers but by youth care staff after a two-day training course with Rutgers, will also be evaluated to see whether the lessons learned and adaptations made have an effect on program implementation and program effectiveness.

Sexual diversity in the school curriculum

Since 2012, Dutch primary and secondary schools have to cover sexual diversity in their curriculum, in order to reduce bullying and discrimination of gay men, lesbians, bisexual and transgender people. However, according to the VO-raad, 5% of schools do not adhere to this legislation (VO-raad, 2017). In April 2017, the Dutch House of Representatives (Tweede Kamer) passed a motion from SP (Socialistische Partij, a Dutch opposition party) to sanction schools that do not comply. As one of the four themes in Long Live Love + is sexual diversity, the curriculum is listed as one of the teaching methods advised to cover sexual diversity and thus comply with the ruling. The findings of the process evaluation of LLL+, including teachers’ appreciation of module 4 (sexual diversity) indicate that the program does not simply serve a need as it helps teachers to fulfil certain requirements, but that teachers found it a great tool which helped lower the threshold to discuss a subject that can be difficult

to address and have meaningful discussions about it. These findings can encourage other teachers to use the program as a whole, or to work with this specific module.

Conclusion

All in all, numerous initiatives have been taken in the past five years to promote the sexual health and well-being of Dutch adolescents. The development of Make a Move took place in a time in which the government and youth care institutes realised that sexuality needs to be addressed in the youth care setting. Similarly, the development of LLL+ was followed by a political agenda to enhance acceptance of LGBT in the school environment. Both programs have played a significant role in these recent developments and seem to serve a need. However, in order to get the best possible program outcomes, ideally a follow-up evaluation would now take place, as youth care workers and teachers are free to work with programs that received positive feedback from users, have been adjusted since by the program developers, but have not proven to be effective yet. Finally, the findings about the time constraints and the importance of student liking are lessons learned that are also relevant to a wider audience of program developers, beyond sex education. These findings are to be taken into account when developing any type of health behaviour change programs targeting adolescents.

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